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## ORIGINAL DEPARTMENT.

### Communications.

#### CASE OF CHRONIC OTITIS INTERNA WITH ACUTE ATTACK EXTENDING TO THE BRAIN, FOLLOWED BY DEATH; WITH POST MORTEM EX- AMINATION, etc.

BY LAURENCE TURNBULL, M. D.,

Surgeon to the Department of Diseases of the Eye and  
Ear of the Howard Hospital, Phila.

Mary E. C., aged 15 years and 8 months. About two years ago, 1866, suffered from an acute attack of otitis externa from cold, involving the membrana tympani. She applied as a patient under my care at Howard Hospital. She was treated by the application of Tincture of Iodine over the mastoid process, with active purgatives. When the acute symptoms disappeared, the cleansing wash of warm water was changed to a mild astringent one, and she was put on the internal use of the Syrup of the Iodide of Iron. After a few visits she ceased her attendance. She applied at the Hospital again, on the 14th of December, 1868, with an acute attack of otitis interna; the pain was intense; parts swollen, even the cheek on the left side; the pain was also over the occipital region. The history given by her mother, an intelligent, but feeble woman, was as follows: That the girl had recovered from her former attack with some loss of hearing, with now and then some pain and slight discharge from the ear. She was, however, affected at times with a distressing feeling of giddiness, and had to give up part of her occupation of pressing goods requiring a stooping forward, and at times this feeling was so strong that she was sure, had she not taken hold of some object to support herself, she would have fallen.

At the age of fourteen she began to menstruate, and always after, the flow came very freely, even more in quantity than her mother at her age; this, however, brought no relief to the symptoms of giddiness, and yet she was bright, cheerful, and her general health seemed otherwise good.

As the external meatus was full of pus and mucus, she was directed to have warm water to wash the parts out with solution argenti nitratis, applied to diminish the puss and leeches at the lower part of the auricle, with foot-baths and anodynes to relieve pain and procure sleep. After the acute symptoms had disappeared, blistering and cupping, dressed with morphia, was freely employed; and, to affect the brain symptoms, large doses of Bromide of Potassium and Iodide of Potassium; but most of these remedies were rejected by the stomach, as there was constant violent vomiting—against which numerous agents were employed, none of them procuring much relief except small pieces of ice. There was a constant tendency to constipation which was relieved chiefly by injections of warm water. The chief point of pain was from the top of the spinal column to the occipital bone. Her pupils were generally contracted with defective vision; pulse varying from 70 to 90. During the last two weeks the eyes became injected, and unless under the influence of atropia, she was not able to see at all distinctly.

January 26, Prof. James A. Meigs visited the case with me in consultation, and confirmed my diagnosis that an abscess or abscesses had formed on or in the brain; he recommended the use of morphia to relieve pain, and to continue the use of the bromide of potassium and blistering. The ear still continued to discharge pus and mucous, and only once blood, and once a piece of bone,

was discharged, which was lost before I had an opportunity of seeing it. Her head was kept on a pillow, bent forward on her chest, and if it was moved it gave her great pain, and in one instance when moved to change an under garment it produced such a severe convulsive movement that it was thought she was dead. There was slight internal strabismus with a tendency in the tongue to be protruded to the left side. She discharged a considerable amount of mucus, etc., by the mouth and nose, but never had a cough or pain in her chest. She swallowed without difficulty; could move her arms and limbs; her tongue was moist until two days before her death, when it became almost black. She died, Feb. 15th, 1869, without a struggle, singing a few hours before she passed away. She was deaf in the left ear except after a free discharge of pus or blood.

*Post mortem* 48 hours after death, assisted by Dr. James Collins, Dr. J. S. Cohen and C. S. Turnbull, medical student.

The incision was made through skin fascia and muscles down to the bone on a line with the ear, and the scalp dissected back to the occiput, and forward, so as to expose the temporal bone, cutting close to the bone and zygomatic process; the cranium was sawn through posterior to the coronal suture, so as to prevent deformity. A second incision was made just above the temporal bone back to the occipital bone and then the temporal bone sawn down to the base, and by means of the chisel the bone was separated so as to obtain the bony portion of the ear entire to examine it. The brain was then removed, cutting carefully into its membranes which were slightly congested; veins very turgid; surface of brain congested; effusion in ventricle

FIG. 1.



containing three ounces of serum, and vessels much distended, but no abscess in brain or on

its surface; slight effusion in sheath of optic nerve. The cerebellum was then removed; it was softened, and the left lobe, when cut into, was found to contain a sac (Fig. 1,) of pyogenic membrane containing about two ounces of green pus, which did not separate when allowed to stand. When examined by the microscope there was seen true pus globules. There was thickening of the membranes at this point, and a necrosis of the bone opposite it into the middle ear, as seen in the drawing (Fig. 2).

FIG. 2.



#### *Examination of the bone removed.*

The temporal bone was deficient in size, slightly necrosed, with a small necrosis opening it through the membranes into the cerebellum; on the one side, and into the middle ear on the other. This sinus was filled with dark colored coagula.

The lining of the whole of the external meatus was soft, elevated, and of a dark color; its surface was denuded of epidermis beneath its purulent matter. There was but a small rim of membrana tympani, and a part of one of the small bones. Upon filing the bone down to the semicircular canals, it was found that they were also filled with this pus, etc. By making a section with a very delicate saw through the horizontal portion of these cavities, the vestibule and cochlea were exposed. A portion of the membranous labyrinth was removed and examined, and it was found to contain pus globules. The nerve, as it passed from the external ear to the brain, the portio dura, was healthy, but the portio mollis of the seventh pair, the auditory proper, was diseased.

A portion of the brain, under the microscope, was normal in structure, but the cerebellum had lost its beautiful arbor vitae-like character, its fibers being broken and softened.

*Remarks.*—This adds another proof that abscess of the cerebellum produces no paralytic symptoms, except, perhaps, of the *chorda tympani*, affecting the tongue.

"It is usually supposed that lesions of the cerebellum almost always produce paralytic symptoms on the opposite side.\* In Cruveilhier's case, where well-marked atrophy of the left side of the cerebellum was found, no paralysis existed.† In Schroeder Van der Kolk's case,‡ the paralysis was evidently the result of the opposite atrophy of the cerebrum; the atrophy of the one hemisphere of the cerebellum seemed in this instance to have given rise to no symptoms."

There are many cases of abscesses, tumors, etc., of the cerebellum that have been observed in the human subject by Andral and others without any marked disturbance of the co-ordinating power. In many cases, the injury of the cerebellum in animals as a whole, in experiments by Flourens, Hartwich, Dalton, and others, may be owing in part to the destruction or injury of a part of the optic tubercle, which is so close to the cerebellum of the pigeon, and therefore loss or injury of sight would cause all sorts of irregular movements.

As also observed by Van der Kolk.

Generally speaking, I suspect that the phenomena of disturbed movement in vivisections after lesions of the cerebellum are to be explained as the result of irritation conveyed through the fibres of the pons varolii from the cerebellum to the corpora pyramidalia, whereby we can further easily account for the fact that these lesions produce their effects on the opposite side, whether they are transferred through the inferior decussation of the corpora pyramidalia. The experiments of Flourens and Hartwich, therefore, appear to him properly to prove nothing, for the direct influence of the cerebellum on motion, much less on the so-called co-ordination of movement, as we see that in a frog, where the whole head with the cerebellum is cut away, irritation of the hind foot is capable of exciting, by reflexion, jumps, and perfectly co-ordinate movements,

the cause of which is, therefore, to be sought, not in the cerebellum, but in the spinal cord."

This class of ear cases, according to Joynbee, are remarkable and rare, for there is no evidence to prove that the disease originated elsewhere than in the meatus; and it is apparent, from the direct communication by blood-vessels between the membranous meatus and the bone forming the lateral sinus, that disease could be easily transferred from the inflamed meatus to the bone beneath. Most of the instances which we have seen, and are also recorded, are cases advancing from the tympanic cavity, or mastoid cells, outwards to the meatus, in which process the cerebellum and lateral sinus were implicated.

This affection is termed by Joynbee chronic catarrh of the dermoid meatus and the mucus membrane of the tympanum. We prefer the name at the head of this article, as our dissection proves the disease of the bone.

#### PARTURIENT EFFECTS OF THE SULPHATE OF MORPHIA,

By HARVEY L. BYRD, M. D.,

Professor of Obstetrics in the Medical Department of Washington University, Baltimore, M. D.

It would be supererogatory labour, to enter into an anatomical description of the uterus, or even to do more than allude to its chief physiological function, where the therapeutical action of a remedial agent upon its parturient efforts is only to be noticed. It is recognized anatomically as a hollow muscle—and it doubtless has fibres passing in all directions through its structure, though it may be difficult to clearly demonstrate this last statement under the scalpel, its physiological action during gestation and parturition clearly establishes their existence.

At any point of view from which we may contemplate this wonderful organ, the interest which it inspires is found to be of the most absorbing character; and we scarce know where to stop when attempting to reduce our thoughts and reflections to writing, in regard to it.

As my intention, however, is merely to allude to a *therapeutical fact*, which has been repeatedly demonstrated under my observation, during the past twelve years, I must content myself with merely calling the attention of the profession to it for the present.

I state that I am about to record a therapeutical fact; and though it may be familiar to many physicians, yet there are some mem-

\* Longet: "Traité de Physiologie," tome 11, p. 260  
† Cruveilhier: "Anat. Path." livr. v. obs. 3 pl. v

‡ Case of Atrophy of the left hemisphere of the brain by I. L. C. Schroeder Van der Kolk, Professor University of Utrecht. Translated for the New Sydenham Society; London, 1861.

bers of the profession with whom I have conversed, who were previously unacquainted with its existence—I allude to the effects of the sulph. morphia in increasing the parturient efforts of the uterus.

I was called about 12 o'clock, on a cold night during the winter of 1846, to visit Mrs. C., of Georgetown, S. C., whom I found on my arrival to be in labour with her first child. My patient was about eighteen years of age, delicate constitution, and of nervo-sanguineous temperament. She experienced the premonitory pains of labour, as I was told, about 7 o'clock, that evening, or about five hours prior to my being sent for; and the pains when I arrived were found to be frequent, but feeble, and of short duration.

I found the os uteri dilated to the diameter of about three-fourths of an inch, or a little more; and having ascertained that the head presented, I determined to await the "action of nature."

After remaining with my patient quite four hours, and observing that the pains diminished, both in frequency and strength, I made another per-vaginam examination, and ascertained that but little advancement had taken place in the dilatations of the os.

The pains having enfeebled her energies, both physical and mental, I resolved to procure her the refreshing influences of sleep, of which she had been wholly deprived from the previous night. I accordingly divided a grain of the sulph. morphia into *three* equal parts, and gave her one of them, in a little water, and requested her husband, her only attendant, to repeat the dose if she did not sleep in half an hour, and to give her the last dose in an hour thereafter, if she still remained awake. I returned home, and as I became comfortable in bed, congratulated myself with having made a prescription, which, I expected, would enable my patient and myself to rest quietly during the remainder of the night.

It is not difficult for a medical man to imagine my annoyance and disappointment, as I awoke by a furious rapping at my door, and upon introducing my head from the street window, to hear the husband of my patient exclaim, "For God's sake, come down stairs, and run to see my wife." I dressed with all the dispatch I was capable of, and proceeded at once to his house, which I reached in precisely one hour from the time at which I left it. Upon passing my hand between the

thighs of my patient in the direction of the vulva, it encountered the head of the child emerging into the world.

The labour was soon concluded; and both the mother and child did "as well as could have been expected." The whole case I regarded at that time as a remarkable one, and I thought that the morphia—two portions of which she took—must have had something to do with expediting the labour, though I had never heard parturient properties ascribed to it. On the contrary, I had been taught to regard anodynes as possessing exactly opposite effects. Some months after my patient had recovered, I met her and inquired the history of my hour's absence from her lying-in chamber.

She stated that she felt a slight inclination to sleep about 15 or 20 minutes after my departure, but was prevented from doing so by a rather violent return of the interim pains, after which they continued to increase.

Her husband gave her the *second* dose at the expiration of the *half hour*, as I had directed him, after which a slight intermission occurred for six or eight minutes, only to be followed, however, by pains of greater frequency and intensity.

The history of the action of the sulph. of morphia, in Mrs. C.'s case, is but the prototype of dozens of others, so that now I seldom administer a dose of morphia during labor, except for its parturient effects. It is true that in some cases its hypnotic effects are prompt and pleasant; but I prefer in almost all of my cases to administer some of the preparations of valerian when I wish to procure rest to my patient from harrassing labor pains.

I do not regard *morpbia* as possessing *superior* properties to the *secale cornutum*; but I believe it is as generally certain in its effects as that article. Indeed, I have several times administered the morphia with success in arousing the dormant contractions of the uterus when a genuine article of the secale had failed in increasing, or rendering more persistent the uterine contractions.

My friend and colleague, Prof. Steele, informs me that he has frequently seen some of the other preparations of opium act in a similar manner to the salt of morphia, in increasing the parturient efforts of the womb.

The above article was copied from the *Oglethorpe Medical and Surgical* for June, 1858, by my friend and student, Mr. V. St. Clair

McNider, under the impression that it would be found useful as confirming the correctness of the statements of Dr. P. C. Barker, on the action of opium upon the uterus, copied from the New York *Medical Journal*, in No. 3 current volume of the *Reporter*, if in no other respect.

I will add, that after an experience of more than twenty years with opium, and particularly morphia, its most valuable preparation as a promoter of uterine contractions, I am prepared to fully endorse all that Dr. Barker has said in commendation of its properties. The journal in which my article originally appeared was of limited circulation, and it probably never met the eye of Dr. Barker, though I find attention is drawn to it at page 529, vol. III of the *North American Medico-Chirurgical Review* for 1859, and it may also have been referred to by other exchanges.

#### HOSPITAL GLEANINGS.

BY JAS. B. BURNET, M. D.,

Of Newark, N. J.

(Continued from page 49.)

#### NO. III.

##### 1. GENERAL PARALYSIS FOLLOWING CONGESTION OF THE SPINAL CORD.

This patient, a woman, after a hard morning's work in August, had lain down by an open window while she was perspiring very freely. She had not been asleep over an hour, when she was awakened by a tingling sensation in her legs, as if they were asleep. Upon trial, she found that she could scarcely walk. This peculiar sensation and paralysis extended up her thighs, and in the night she was awakened by a similar sensation in her hands and arms, and then found herself completely paralyzed. One month after the attack, she came into the Hospital, and was subjected to various treatments. She steadily improved, whatever way the treatment, whether belladonna, ergot, counter-irritation to the spine, or tonics, and was discharged *eight months* after the attack, perfectly well.

##### 2. ABSCESS OF CEREBELLUM.

This patient, a woman, was stout and healthy looking. When admitted to the Ward, the only thing she complained of was a great pain behind her left ear. This pain extended down her neck. After she had been in the Ward about four days, without any previous serious symptoms, she suddenly died. The autopsy revealed an immense abscess, involving the

whole left lobe of the cerebellum, with the exception of a thin covering of brain matter for its walls. It had opened against the posterior portion of the petrous portion of the temporal bone, denuding it of its covering, and being collected at the base of the brain.

##### 3. FRACTURE OF THE 7TH CERVICAL VERTEBRA.

This patient, a man, shortly before his admission, had fallen backwards and downwards, a distance of several feet. He was in the following condition, when admitted: the only external mark of injury was upon the top of his head; no fracture of the skull was found.

He could talk a little, and was perfectly conscious. Below the neck there was total absence of motion and sensation, with partial priapism. He suffered no pain. The diaphragm acted efficiently. He died 12 hours after the accident. The post-mortem examination revealed the body of the 7th cervical vertebra fractured at its upper edge obliquely upwards and backwards into the intervertebral substance between the sixth and seventh vertebrae.

##### 4. TWO CASES OF LUMBAR ABSCESS.

A man, 30 years of age, was sent into the Bellevue Hospital, who had been in quarantine with typhoid symptoms. He was found to have an abscess already opened upon his right dorsum ilii, about three and one-half inches below the crest. This abscess was discharging profusely. He came into the ward March 17th. On the 3d of April he showed signs of peritonitis, and died on the 6th. He had walked to the water-closet every day, until his peritonitis came on. The peritonitis was supposed to be due to the abscess, but diseased vertebrae were not suspected, as he had given no symptoms of the disease. The autopsy revealed well-marked peritonitis, with a half gallon of sero-purulent fluid in the abdominal cavity. Following the course of the abscess, it was found to communicate with the last two lumbar vertebrae, both of which were soft from caries. The caries was connected to the abscess by a sinus that led over the crest of the ilium. This case was interesting on account of the fact that so large a man could go around, almost up to the day of his death, with such extensive caries of the vertebrae, showing that the tenderness and disposition to stoop cannot always be relied upon in forming the diagnosis of lumbar abscess.

Case 2. A woman, aged 26, was admitted to the Hospital on March 31. In November she

felt a stiffness in the right groin, and on examination she found a small tumor, painful on pressure, but of normal color. In three weeks it suppurated, broke and discharged. Soon after the left hip and thigh became painful, something like the pain of rheumatism. She was put upon tonics and cod-liver oil. A probe introduced could detect no diseased bone, but the discharge and direction of the sinus, and the tenderness on pressure over the sacrum, leave no room for doubt that the patient has a lumbar abscess.

#### V. CASE OF APOPLEXY.

A man was brought into the Hospital in an insensible condition, supposed to be suffering from fracture of the skull. He died soon after. At the autopsy a clot of very great size was found to cover the *right* cerebral hemisphere. The facts most worthy of note are that the dilatation of the pupil and the paralysis were on the *right side*. A clot was diagnosed before death, but it was supposed to be on the *left side*.

#### 6. CASE OF ENCEPHALOID DISEASE OF MAMMA.

Catharine Gilmartin, aged 40 years, was admitted to the Bellevue hospital on May 24th. She gives the following history of herself: One year ago her breast began to swell, a fact which she noticed accidentally, and not from the pain. It was unaltered in color, and painless. After two months she poulticed it, when it became painful and mottled. From the second to the seventh month, it increased in size and pain, and commenced to sprout out. At the end of the tenth month, it was in its present condition. She is unmarried—menses stopped three months since. None of her relatives ever had cancer. Has never injured her breast. The tumor at present is immense, having a surface nearly circular of a diameter of seven inches. Where this fungus looking mass is attached to the breast, it is constricted and like a pedicle. The mass is two inches thick. The excrescence is very nodular and rough looking, precisely like a *boiled cauliflower*. It is covered with a thin, yellow, purulent discharge, which is quite offensive. Her general condition is very good.

#### EFFECTS OF CONTINUED ETHERIZATION.

By M. L. ROLAND, A. A. S., U. S. A.  
Of Fort Stockton, Texas.

In looking over the February numbers this year I see an article quite suggestive of the effect of chloroform and ether. The article

was taken from a Boston Medical Journal. I recognize a very familiar name in Dr. Gilmer, of Lowell, Massachusetts. He was on duty with me at a General Hospital in Washington city during the war. He alluded to the continuous effect of etherization upon the mental economy, and it is inferred therefrom that its continuous use will produce insanity, and he also stated that he was on duty at a General Hospital in D. C., and became acquainted with a Surgeon who got in the habit of inhaling ether for its exhilarating effects. He went insane and was taken to an asylum. Curious as it may be, I am the individual to whom he alludes. I do not wish to offer any plea of defense, for I do not suppose that it would be in the least derogatory to a man's character to be sent to an asylum when he was in pursuit of truth, offering his body and mind a living sacrifice attempting its divulgence. I am at liberty to believe now that I enjoy a clear head, free from the cob webs of delusion, and I suppose that my position in active service in the U. S. Army will ever veto the idea of my being insane. I will not pretend to state the cost both morally and socially of the etherical experiment; yet it has torn every fibre of my nature; and yet, too, like the palm tree, I've waxen stronger from oppression. In this beautiful land and climate of Texas, I'm breathing a free air, and now my mind is poised too far above to receive the common blows of man. But to my subject. Strange as it may appear with all my delusions, or hallucinations, or spiritual phenomena, I still retained my balance, that is, I knew what I was about, yet purpose yielded to the bewilderment of strange visitations and I preferred to live in a spectral realm instead of life's sober realities, and it was in this happy, dreamy state of existence that I was escorted to an asylum for the insane. Yet I was so ethereal with singing and the like, that I knew what was transpiring and but little cared, (for I was ethereally happy and drunk when taken.) I took it two or three times a week for about five months, and perceived nothing remarkable in its effects till about six weeks after that time, when I embarked upon a most hazardous undertaking. Yet I knew the goal of truth laid in its folded leaves and depths. Dr. Gilman states that I used the ether for its exhilarating effects. This statement embodies a great question that makes the scientific world stand aghast against the spiritual.

Now, I wish to keep within the bounds of

common sense and ordinary comprehension. I do not wish to dilate upon matters and things too mythical. I wish to deal in realities, even if they jump the bounds of the spiritual world. This is an age of great development—an age of conflict—an age of revelation. The human mind accepts doctrines of various kinds from intuition, without demonstration or explanation; or, in other words, what the Christian calls *faith*. 'Tis a great satisfaction to us poor mortal *worms* of the dust to have positive demonstrations—something tangible to the intellect—something it can take hold of and then solve the unexplained riddles, the mind and heart sifting them to such an extent as at times to drive both mad.

In giving my full experience with this remarkable substance (*Aether-Sulphuricus*), I wish to be correctly understood. I do not wish the reader for a moment to suppose that I accept the delusion, or its representation, for a reality, for then the world would pronounce me mad and lunatic. If I say that I held intercourse with spirits, and received information from them on various scientific and spiritual things, I will say that they were all mental creations from a congested brain whilst under the influence of *Aetherization*. I must do so to give my pen sufficient latitude. Yet I must also say that I do it with a reservation known only to myself; but, before I say anything regarding the unnatural world, it is better, I think, to describe ether's direct effect upon the special organs of sensation. After its continuous use for five months, I perceived that my sight became intensified, and, more remarkably so my organ of hearing. This was owing to congestion of their center. The smallest vehicle running along the street seemed like the rumbling of heavy artillery. Music was terribly exaggerated to my ear. It came in heavy swells and volumes. I could see away, away off into the sky, which seems so very high. All objects to me retained their natural proportions, yet my brain and mind were intensified, and I enjoyed everything ten-fold. I must say I was delightfully drunk.

On one occasion I was walking down Pennsylvania avenue in Washington, on a moonlight evening. As I was crossing it; all of a sudden the moon got going zig-zag down south, but I stood up straight. I could not understand, for the time being. I ran at my full might and gave the alarm that the world was coming to an end, as I thought really,

simply because I did actually see old Luna in such a freak, and I was not aware that my vision was disturbed. I accepted the evidence of my senses. I forgot to state, relative to intensification of the senses by ether, that my organs of smell were most remarkably affected. About this time I was in the country, and the air was redolent with the most delightful perfumes; when others inhaled the air they perceived none, yet my olfactory organs did. The air was laden with them, lulling my senses in a dreamy repose. And as I looked upon the green fields and trees they looked floating and wave-like, and mingling with the air. In this state I rode to the *Asylum*, breathing the most delicious perfume, riding amid the hills and trees, rolling in billows and it seemed upon a cloud, singing an air from *Byron*:

I would I were a careless child  
Still dwelling in my highland cave,  
Or roaming through the dusky wild,  
Or bounding o'er the dark blue wave.

I was almost realizing the very tune I was singing. This fact just shows we ought not, as a rule, to accept the evidence of our senses, for who knows when his senses are morbidly deranged (speaking medically). The brain is the receptaculum of impressions, and these impressions are in direct relation to its organs' intensification. I have established this by the use of ether. I have also intensified the sensation of light by passing an electrical current through my brain from the top of my head. It passed somewhere in the brain, through the fountain head of light, which is of itself, in my candid opinion, purely sensational and subject to a positive demonstration.

### Medical Societies.

#### YORK COUNTY (PA.) MEDICAL SOCIETY.

Recently the physicians of York county met at Wrightsville, Pa., and formed the York County Medical Society. A Constitution and By-Laws were reported by the committee, and adopted. The officers elected for the ensuing year were as follows: B. F. Porter, M. D., President; Y. Sappington, Jr., and S. Y. Finley, Vice-Presidents; W. B. Bigler, Secretary; A. M. Ramsay, Assistant Secretary; Jas. Y. Bryan, Treasurer.

The meetings of the Society will be quarterly, on the second Wednesdays of April, July, October and November. Annual meeting in April of each year. The next regular meeting will be on Wednesday, October 13th, 1869, when papers will be read by Drs. N. B. Bryan, Wm. B. Bigler, &c., and a discussion come up on the the Epidemics of 1869.

W. B. BIGLER, Sec'y.

## EDITORIAL DEPARTMENT.

## Periscope.

## Syphilitic Insanity.

A case of this rare form of syphilitic disease is reported by Dr. S. W. D. Williams, in the *Journal of Mental Science*. As it is important to recognize this Sequela of specific disease, we quote it.

F. P. Single, female, at 27 years. Admitted into the Sussex Lunatic Asylum, Hayward's Heath, 2d June, 1867.

**HISTORY OF CASE.**—No hereditary taint. Never married. Never had children. Has led a life of intemperance and dissipation, and for some time past has gained her living as a Brighton common prostitute. She was admitted into the Brighton Workhouse about nine weeks ago, suffering from delirium tremens and syphilis. When the more violent delirium subsided she became depressed and hypochondriacal, refused her food, and threatened to destroy herself, and lapsed gradually into extremely dirty habits.

**STATE ON ADMISSION.** (a.) **MENTALLY.**—She appears to be suffering from a hypochondriacal melancholy. She is low and depressed, and taciturn. Sits apart from the society of others all her time, brooding over her sins, wishing herself dead, and at intervals exclaiming, "Oh, God, I am ready to die, take me and give me a razor to cut my throat with." She takes no thought whatever as to her personal appearance, would not eat unless fed, and is perfectly callous to the calls of nature. Yet her memory appears to be good. If aroused out of her self-egoism she will answer questions with intelligence, and can give a collected account of herself and her symptoms.

(b.) **PHYSICALLY.**—She is very stout, and for a person of her stature weighs heavily, but the muscles are soft and flabby, and there is a deceptive semblance of health about her pink cheeks. The heart's action is at times irregular—now feeble—now rapid—but there is no distinct bruit. Her lips are blue and tongue white. There is a white discharge from the vagina, and there are well marked evidences of secondary and tertiary syphilis about her body.

Thus there are patches of venereal lichen about the trunk and legs, there are condylomata on the labia, and she owns to having suffered from a chronic sore throat and offensive discharge from the nose for some months.

At times she appeared to suffer severely from pains in the head, especially at the left temple—indeed,

occasionally, she almost screamed aloud from the pain, it was of so severe, although transitive, a nature. This head-ache was at times accompanied with vertigo and drumming in the ears, and appeared to effect the sense of hearing considerably.\* The irides were frequently very contracted, but she would not own to any defect of sight or double vision.

**PROGRESS OF THE CASE.** 1867, July 4th.—The treatment ordered after admission was that the bowels should be smartly purged to begin with, and an occasional aperient given as required; that she should take a warm bath daily; that her food should be nutritious, but light and digestible, and that stimulants be avoided. Appropriate remedies were also ordered for the local discharge.

July 12th.—In many respects much improved. The eruption is dying away, and the discharge has ceased. She is more cheerful, less confused in her ideas, and does a little odd-work about the house.

August 4th.—Had a fit of an epileptiform character this morning which lasted for eight minutes. She was severely convulsed, and quite lost her consciousness. Was very confused for some time afterwards, but towards evening recovered. The eruption has returned:

|                    |                      |
|--------------------|----------------------|
| R. Potass. Iodid.  | 3 <i>jij.</i>        |
| Sp. Ammon. Aromat. | 3 <i>iv.</i>         |
| Aque, ad           | 3 <i>xij.</i> M.     |
| Sumat              | f <i>3i</i> ter die. |

1868, January 7th.—A great change has gradually come over her since the last entry. Instead of being depressed and hypochondriacal, she has become noisy and restless—extremely spiteful, especially to her fellow-patients, and very mischievous. The eruption has again disappeared. There are no head symptoms, and the medicine has been omitted.

She is working in the laundry, but is of little real use.

April 7th.—Has been again complaining greatly of pains in the head and vertigo. Her vision is now undoubtedly becoming defective, and she gets very deaf—together with these symptoms partial paralysis has lately come on very slowly and almost imperceptibly. It affects chiefly the left side, and more especially the arm. Mentally she is becoming more demented, her memory is very bad, her habits extremely filthy, and she sleeps or dozes away most of her time.

\* Dr. Ludwig Meyer, in a paper published in the *Allgem. Zeitschrift für Psychiatrie* entitled *Über Constitutionelle Syphilis des Gehirns*, found these symptoms in nearly all the cases of Syphilitoma of the Brain he records.

To return to the Iodide of Potassium in increased and increasing doses—and to have the most nourishing diet.

June 23d.—Had a slight, paralytic seizure yesterday, and was convulsed for a time. The face is drawn awry—the left eye squints—the speech is much affected, and she drags one leg a little. Her appetite remains good, and she takes plenty of food.

June 25th.—Has been very sick all to-day, bringing up nearly everything she takes—she still eats with avidity all that is given her.

Omit medicine and confine her to essence of beef-tea and brandy for a time. Administer Hyd. c. Crete, gr. iii., three times a day.

July 6th.—No improvement—remains very helpless and debilitated. Is almost quite deaf; can only just see sufficiently to crawl from one chair to another—frequently vomits her food, and is altogether a pitiable object. The administration of the mercury was carried out until her gums were sore.

August 17th.—Was again convulsed for a time to-day, and the paralysis of the right side of the face has become much more marked, and her articulation decidedly more indistinct. She now remains in bed entirely.

September 4th.—Becomes slowly worse. The paralysis increases, and her mind becomes more lost. She obtained no benefit from the Iodide of Potassium after a certain time, and none at all from the salivation. Her case is, without a shadow of doubt, a hopeless one as far as any remedial agents we are acquainted with, and she is slowly drifting from bad to worse. Under these circumstances it was determined to try and obtain some syphilitic matter, with which to inoculate her, after the plan so ardently recommended by Dr. Boeck, Professor of Medicine in the University of Norway. In her hopeless condition but little harm could be done and good might arise.

For a time we were disappointed in obtaining any matter, but at last one of the House Surgeons to St. Bartholomew's Hospital sent us some. She was inoculated in four places on the arm, and the arm became somewhat inflamed, but no good pustules were formed. In the meantime, she was gradually sinking, and ultimately passed into a state of coma, from which she never recovered, but died on the 5th of October, 15 months after admission.

POST-MORTEM EXAMINATION.—Thirty-eight hours after death; rigor mortis very marked, body emaciated, bed-sore on coccyx.

HEAD.—The calvaria was very irregular in thickness, being in some places so thin as to be almost translucent, and in others unusually thick; very considerable force was required to separate it from the dura mater, in which three or four small sunny prominences were embedded—all being apparently placed over the convolution of the longi-

tudinal fissure of the right hemisphere. On attempting to remove the brain from the skull, it was found to be impossible to do so, owing to the middle lobe being bound down with the three membranes in one solid mass to the bone. On applying a little force with the finger at this spot, it broke through into a cyst, from which a quantity of thick pus of a slightly green, creamy appearance escaped.

Most of the continental authorities appear to look upon this glueing of the membranes and cortical substance to the bone as almost pathognomonic of syphilitic disease. It is noticed by MM. Gros and Lancereaux in twenty-two out of thirty-one cases recorded by them.

The brain was detached from the bone as cleanly as possible, put in spirit, and sent forthwith to Dr. Moxon, at Guy's Hospital. The following is the result of his examination:

"In the right hemisphere, close to the lower surface at the junction of the middle and posterior lobes of the cerebrum is a cyst of the size of a small plum; it extends from the lateral ventricle to the surface, being adherent to the dura mater at the surface, but separated from the ventricle by a little softened brain tissue. The cyst has a firm wall, which it is difficult to tear. When torn, it parts in circumferential laminae; it contains pulpy matter with irregular shreds. The color of the contents is about that of milk of sulphur. The microscopic examination of these contents shows them to consist of lymphoid corpuscles, with semi-fibrillated intercellular material, mostly cloudy and degenerated. The cells and intercellular substance become free in the small patches. The cyst wall is composed of more or less perfect connective tissue.

"On the under surface of the anterior lobe near the sylvian fissure is a small sulphur-colored patch in the grey matter, which presents the same microscopic appearances.

"In the posterior lobe of the left hemisphere on its outer surface the dura mater is adherent to the grey matter through the membranes for the space of an inch. Under the adhesions the grey matter is broken down. The most characteristically syphilitic disease is found in the left sylvian fissure on the middle lobe opposite the Island of Reil. Here is a patch of the size of a bean in the grey matter coming to the surface. The outer part of this patch is semi-transparent, firm, and fibrous. The centre of the patch is opaque and sulphur-colored, composed of spindle-shaped and rounded elements. Deep in the substance of the right corpus striatum is a soft patch, and again in the anterior lobe of the right hemisphere, occupying the grey matter but extending into the white, and not quite reaching the surface, is an encysted collection of yellow matter with firm parietes, similar in quality to that found in the lower part of the right hemisphere.

"There is a small patch of softening in the left lobe of the cerebellum on its lower surface."

There was nothing abnormal in any of the thoracic organs or abdominal viscera.

#### Detection of Blood Stains.

Dr. RICHARDSON, in the *American Journal of Medical Science*, speaking of this subject, says:

Although it must be admitted that the blood corpuscles of a few mammals approach so nearly in size to those of man as to render their distinction doubtful, yet for the practical testing of blood-stains in criminal trials we will rarely find that such a decision is necessary, since, as a rule, justice only requires that a positive diagnosis shall be made between human blood and that of animals which are commonly slaughtered for food, such as the ox, the sheep, the pig, or of birds, as for example, chickens, ducks, etc., in regard to all of which I believe when the disks have not undergone disintegration, a first rate 1-25 inch objective will enable us to determine easily and beyond all question.

I would suggest to any one about undertaking such an investigation, that he first accustom himself to the appearance of decolorized blood corpuscles and at the same time test the power of his instrument by repeating the experiment I have detailed, on a fragment of blood clot recently desiccated upon paper or glass. Experience has shown that dried stains upon hard, smooth surfaces, such as buttons, studs, &c., most readily exhibit the corpuscles; next to these in case of detection, are stains upon paper collars or cuffs, and upon highly glazed linen, then those upon unstarched muslin or linen; and lastly, those upon cloth and other woollen fabrics. In order to be forearmed against the objections of ingenious counsel, he should in murder cases, wherever practicable, be provided with spots made before witnesses, with fresh blood from the corpse upon different unstained portions of the identical articles of the supposed murderer's clothing, and also with specimens of the blood dried in a thin film upon glass slides, for the purpose of disproving any hypothesis of leucocytæmia, or other blood diseases, which might alter the normal character or relative proportion of the blood elements.

In examining the moistened clot, great care must be taken to avoid any movement of cover upon the slide, which, when it occurs, often rolls the interposed disk into an apparently homogeneous mass; and it is advisable to keep up a current of fresh water, at least, until all tinge of colour is removed from the clot, otherwise none but the granular lymph corpuscles may be visible. Should any doubt remain as to the identity of these bodies, it can be set at rest by treating them with acetic acid or solution of analine, as noted in a paper on the Detection of Undiluted from those of Diluted Blood-Stains, in the MEDICAL AND SURGICAL REPORTER, January 9, 1869. In order to complete a chain of

evidence it is probable that the decolorized corpuscles in a fragment of clot after being rendered more distinct by iodine, as above mentioned, might often be demonstrated, if required in court, to intelligent jurymen, especially where as surveyors, watchmakers, or engravers, the jurors were not unaccustomed to the use of lenses.

It may not be out of place to subjoin a comparison of the relative delicacy of the different processes recommended by medical jurists for the discovery of blood-stains.

By the intricate and tedious method of M. Tardieu (Fabre, *Bibliothèque du Médecin Practicien*, tom. xv. p. 264, Paris, 1851). "A piece of linen or cotton, which hardly contained 28 to 30 centigrammes (between four and five troy grains) of dried blood furnished enough for the determination of its nature."

A plan suggested by Dr. F. Runge, in which the iron of the blood was tested for by ferrocyanide of potassium, is spoken of by Dr. Fleming as being so very delicate that a single drop of blood sufficed for complete detection.

By spectrum analysis lately vaunted as successful when ordinary microscopic examination fails, it is claimed that 1-1000th of a grain of dried blood may be recognized, but no clue is thus afforded to the animal from whence the vital fluid is derived.

Through the courtesy of Dr. Linderman, Director, and Mr. J. R. Eckfelt, Chief Assayer of the United States Mint, I was enabled to estimate the delicacy of the microscopic test for blood, as follows: Upon a square of waxed paper determined by Mr. Eckfelt, on the accurate balance used for the National Assays, to weigh exactly 48 milligrammes, I made twenty dots of fresh blood from my finger, which, when dry, added .4 of a milligramme to the original weight, and consequently were each on an average equivalent to about .02 of a milligramme, or 1-3200 of a troy grain nearly. The fourth part of one of these spots weighing of course in round numbers 1-12000 of a grain, was detached with the point of a cataract needle, and when moistened under the 1-25 showed many hundred well-defined red blood corpuscles; ten circular ones among them measured with the micrometer averaged 1-3494th of an inch in diameter, and could, therefore, by this criterion of superior size alone, be diagnosticated from the corpuscles of an ox, sheep, or pig, with the same feeling of certainty with which any surgeon could testify that a perforation of the skull only half an inch across could not possibly have been made by any bullet measuring an inch in diameter.

**Bromide of Potassium in Tetanus.**  
Dr. GEO. DERRY, of the City Hospital, Boston, prints the following in the *Boston Medical and Surgical Journal*:

A Portuguese carpenter, 44 years old, fell from a staging, May 12th, 1869, producing a fracture of the

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right thigh, in which crepitus was found at two points six inches apart, with much shortening before extension was applied. There was also a slight scalp wound. This man was, during the first week, in a depressed, lethargic, condition, answering when roused, disinclined for food, frequently moaning although denying pain, and with a very feeble pulse. Pupils responding to light. On the eighth day there was first remarked an inability to open the mouth fairly, accompanied with stiffness of the neck. Next day the trismus had become very marked, so that the jaws could only be separated about a quarter of an inch; there was also edema of the neck and of the left side of the face, with an erysipelatous blush behind the ear. The head could not be moved without causing great suffering. This state of things continued four days, the patient being fed every hour with small amounts of milk, beef tea and wine, alternately. He also took one drachm of solution of morphia every six hours. On the sixth day from the occurrence of trismus there was an improvement in all respects, which continued from day to day until, on the 1st of June, all tetanic symptoms had disappeared.

The next case was of a carpenter, 17 years old, admitted June 6th, 1866. He reported that, two weeks previous, the base of great toe of left foot was punctured by a nail, and that, three days after, he had painful stiffness of the jaw, neck and back, which had continued to grow worse. Examination of foot showed only a slightly red point at the place he had indicated.

His condition was one of well-marked general tetanus. Opisthotonus. Neck, abdomen and legs rigid. Movements of arms quite free. Jaws could be separated only about a quarter of an inch, but patient could swallow. Sardonic grin very marked. Pulse 130. Bowels constipated. Occasional spasms, causing the patient to cry out. He was ordered one drop of croton oil, to be repeated if necessary, and to be followed by liq. morphiae 3*fl. s.* every four hours, with beef tea and whiskey at short intervals.

June 8th.—Condition rather worse. Convulsions more frequent. Trunk as rigid as if frozen. Legs immovable. Abundant sweating, accompanied by a miliary eruption. No effect from three drops croton oil. Enema tube could not be forced through the sphincter, except under ether. Could still swallow, and use his arms. He was ordered bromide of potassium 3*fl. s.* every hour, continuing beef tea and whiskey, and omitting morphia. The next day a slight improvement was noted. Convulsions were less frequent, and the legs could be flexed by using a good deal of force. The pulse had fallen to 65, at about which point it subsequently remained. The intelligence was dull, but the patient took his food and medicine without much difficulty. From this time the amendment was progressive, convulsions ceasing entirely, and the rigidity of neck, back, jaws,

legs and abdomen diminishing daily, and for the most part in the order named. As this improvement continued, the bromide of potassium was given less and less frequently, until July 1st, when it was omitted entirely. The amount taken during twenty-one days was not far from twelve ounces. During the first two days two scruples were given forty-two times. The only effects observed, other than subsidence of tetanus, were dullness of the intellect and slowness of the pulse. On the 4th of July the patient was discharged, well.

**Retained Menses.**

Dr. G. H. EVANS, of Greenville, Tenn., writes to the *Nashville Medical Journal*:

July 29th, 1859, I was called to see Miss C., aged 21 years. At the age of 14 years, symptoms of menstruation came on. She was pained severely in the pelvic region and right hip, particularly in the hip. She continued to be sick regularly every four weeks, being pained severely for three or four days at every period, until the time I saw her. But there had never been the least discharge of any kind from the genitalia. The whole catalogue of old women's remedies had been exhausted to try to bring on the menstrual flow, but without effect. Several physicians had treated her case with a like result. The warm hip bath afforded temporary relief, which the mother invariably used at her periods when she was suffering excruciating pains. Her pains were similar to those of severe labor, becoming more severe at each period. Laterally, her general health had begun to fail. She was becoming pale and anæmic. Being satisfied from the history of the case that there was some mechanical obstruction, I proposed first a vaginal examination. I found the uterus greatly enlarged and considerably prolapsed. On further examination with the speculum, I found a complete atresia of the cervix uteri. If there ever had been an os uteri, there was no evidence of the fact now, not even the slightest cicatrix. I saw I had a difficult case, and refused to proceed without consultation. Accordingly Dr. S. B. Buchanan was called in. I visited the case with him Aug. 20, 1864. He performed an operation through the speculum by passing a very narrow bistoury through the cervix just where he thought the os ought to be. The knife passed through at least one inch of solid substance before entering the cavity of the uterus. The opening was so small that there was no discharge, nevertheless, there was some little stain of a dark chocolate color on the knife. The Doctor introduced a little lint, and left the case to my charge. Aug. 26th, I visited the case again and found the orifice entirely healed. I performed the operation with a larger bistoury, but with about the same results. I cauterized the wound and introduced a bougie of large size, made

of the bark of the *Ulmus Fulva*, for the purpose of dilating the wound, with instructions for it to be removed on the next day and a larger one introduced if there should be no flow.

Two days later I was summoned hastily to her bedside, the messenger stating that he did not think she would be alive until we would reach the place. On my arrival, to my great joy, I found her quite comfortable and cheerful. The mother, previous to my arrival, had removed the bougie and placed her in the hip bath to relieve her excruciating pain, and while sitting in the bath it broke loose, and discharged, according to the mother's statement, at least a gallon of thick, tarry-looking menstrual fluid which had been pent up for seven years, with complete relief to the patient. The case was then visited every other day for three months. The great difficulty in the case was to keep the wound open, and to this end the bougie had to be introduced every day, which was proven by the fact that on one or two occasions when the bougie was left off for only a single day, it was with the greatest difficulty that it could be introduced again. The wound discharged matter profusely all the time. Finally I had to discontinue the bougie on account of hysteria, produced by the continued irritation. The patient was very much reduced in flesh by the long-continued discharge. I examined the wound two weeks after treatment, the edges of which had healed kindly. The os looked quite natural. I could pass a bougie about three-fourths of an inch into the cervix, but could not enter the body of the organ. The case was then abandoned.

She recovered her health very rapidly, and after the lapse of three months, she began to be unwell regularly every four weeks as before the operation, though not pained so severely. Still there was no appearance of any discharge until Oct., 1868, a period of three years and a half from the time the treatment was abandoned, while she was enjoying a hearty laugh, everything broke loose and there was discharged a large quantity of menstrual fluid. Since that time to the present, a period of six months, she has menstruated regularly every four weeks, and is now in the enjoyment of excellent health. She has been married for two years, has never become *enciente*, and it is hoped she will not.

#### Antiseptic Use of Carbolic Acid.

DR. JOSEPH BELL, of Edinburgh, in the *Medical Journal*, of that city, gives the following experience, with this agent :

**PRINCIPLE.**—In using carbolic acid as an antiseptic, we do so with a double object, 1st, to exclude the air and its contents by means of an antiseptic veil—we can do this in opening an abscess; 2d, to get rid of the septic and pyogenic effects of air which has been already admitted, as in our treatment of compound fractures, excisions of tumors, and amputations.

**METHODS.**—When describing the different cases I am briefly to bring before you, I will notice what was done to each; but it will simplify matters if I first show the different preparations of carbolic acid which we have been working with; and the Society will remember that the manipulative part of the treatment is still in its infancy, in a transition stage, and will, we have no doubt, greatly improve, especially in direction of simplicity.\*

**A. Carbolic Acid Lotion,** or pure glacial acid dissolved in water. This may be used in various strengths, from 1 in 20 to 1 in 100, the stronger being used for injecting old abscesses, and sinuses, washing out recent wounds, etc.; the weaker for disinfecting sponges, cleaning stumps, etc.

**B. Carbolic Acid and Linseed Oil.**—a. 1-6, in this the lint used as the antiseptic veil for opening abscesses is steeped; b. 1-12, of this the paste is prepared, with which recent stumps are dressed.

**C. Plasters composed of Shellac and Carbolic.**—These are of three different strengths, of which the first, 1-3 and 1-6 respectively, are used as antiseptic protective plasters; the third (1-100) merely in cases where the ordinary lead plaster would be used, with the advantage that the carbolic acid corrects the fester.

**CASES.—Abscess.**—1. Mr. J., a tall, strong young man, showed me a very deep and large abscess in the middle line of the back of the neck. It gave him great pain, and his general health was beginning to be affected. He was anxious not to leave his office. I opened it by a deep incision, and let out about  $\frac{3}{4}$ ii. of very fetid pus. I used the antiseptic veil of lint (in c. 1-6), fastening it tightly with plaster. Next day there were only a few drops of serous oozing, and I dressed it with the strongest carbolized plaster; and though the wound did not heal up for a week, being large and deep, there was no more pus; the daily change of the plaster, with the usual cautions against admissions of air, kept it perfectly sweet. He had no pain, attended his office without losing one hour, and there was no unpleasant smell. By any other method of treatment it would have been a case of constant poulticing for days together, he could not have gone to his office from the quantity and odour of the discharge, and the healing would have been much less rapid.

2. DR. THATCHER sent me a boy with an enormous swelling of the cheek, of three weeks' standing, depending on a periosteal abscess of the outside of the body and ramus of the lower jaw, and pointing into the neck. I evacuated about  $\frac{3}{4}$ iii. of very fetid

\*The exact proportions used at present by Mr. Lister, are:

1. **Watery Solutions.**—a. 1-20, used for freshly-made wounds before applying the plaster, or for injecting compound fractures, etc., while changing dressings; b. 1-4, used in changing the dressings of open wounds.

2. **Oily Substances.**—a 1-4, in opening abscesses; b. 1-10, in cases where a. irritates; c. 1-20, in places where the lac plaster is too stimulating.

3. **Glycerine Solution.**—1-4, used with an india-rubber tube in dressing stumps.

4. **Spirituous Solution.**—1-5, for injecting old sinuses

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pus under the antiseptic veil, and on the third day dressed it with the strong *c.* plaster only. My previous experience of such abscesses led me to expect a long suppuration and an ugly scar. From the fourth day there was no pus, and now there is no visible scar whatever.

3. On 22d of February I evacuated sub-carbolically, in Dr. Moir's presence, an abscess in the abdomen, which was pointing midway between the umbilicus and the left anterior superior spine of the ilium, and which depended on disease of the vertebra—letting out from it at least  $\frac{1}{2}$  xxxvi. of the most fetid pus I have ever smelt. Without carbolic acid I would have expected profuse suppuration, probably blood-poisoning. It was dressed with the carbolic paste.

With it, next day, there had been considerable purulent oozing; smell not nearly so bad; no fever.

*Third day.*—Slight serous oozing; no smell; no fever.

*Sixth day.*—Only about six or eight drops of serum on the paste, with no smell. Patient perfectly well. From this date there never had been any pus, nothing beyond a thin, absolutely odorless, serous oozing. The wound is now dressed every fourth or fifth day, with a piece of strong plaster about two inches square. The patient has been out walking, and feels no inconvenience whatever.

*Compound Fracture.*—J., st. 40, a labourer, was sent in from Loanhead. His left arm had received two tremendous blows from the handle of a crane in rapid revolution. His injuries were—a very bad compound comminuted fracture of the left humerus just above the elbow-joint. The fracture communicated with two large lacerated wounds, each about  $1\frac{1}{2}$  inches in length, and on each aspect of the limb. He had also a most severe compound comminuted fracture of both radius and ulna of the same side; the forearm was bent at a right angle at the fracture, and both bones projected through a wound four inches in length over the dorsal aspect of the ulnar edge of the forearm. The projecting portion of the radius was completely stripped of its periosteum. The ulna was comminuted, but did not project so much, nor was any of it completely bare.

It seemed hardly possible to save the limb, and, without the antiseptic treatment, I should have feared profuse suppuration, hectic, perhaps pyæmia.

I cut off with a saw the projecting three inches of radius, and then succeeded in replacing the bones, and restoring great masses of exposed muscles. All the wounds were then carefully and thoroughly syringed out with carbolic acid lotion, and dressed in the usual manner with lint soaked in acid and oil; the arm and forearm were placed at a right angle, and protected with pasteboard splints.

I will not give a daily report. There was no suppuration from the deeper parts. The man never lost his sleep, nor exhibited any signs of fever.

On the 14th day the arm wounds were so nearly healed as to be dressed with dry lint. There was still a large granulating wound in the forearm, with tendency to protrusion of muscle.

On the 25th day the fractures of the humerus were so far consolidated that passive movement of the elbow was begun.

On the 32d day he was up and walking about. He has now a useful arm, notwithstanding the great loss of substance in the forearm.

*Compound Dislocation of Elbow-Joint.*—Matthew Murray, st. 32, was unloading truck at Crief's station, when by a sudden movement of some other trucks, his right arm was crushed between two buffers. He sustained a compound dislocation of the right elbow, the end of the humerus being forced forward through a deep and long wound (about five inches) in the front of the forearm. The ulnar artery was torn across. He was at once seen by Dr. J. Gairdner, who dressed the wound with carbolic acid after Mr. Lister's method, reduced the dislocation, and tied the ulnar where torn. He was then sent into town by rail. I examined him in the evening, and finding the arm in excellent position, did not disturb the lowest layer of lint, and merely renewed the upper layers.

This was done daily till the fifth day, when, for the first time, the lower layer of lint was disturbed. The wound was found almost consolidated,—only a superficial granulating edge, five inches long, being left.

He never had a bad symptom of any kind; no fever. Passive motion was commenced on the 18th day, and on the 56th day he was dismissed; with a very free amount of movement at the elbow in all directions. The usual history of such accidents is a very different one.

*Injury of a Large Joint.*—I. J. D., aged 52, on the 10th of August, was carrying a scythe, slipped his foot, and fell on it, cutting right into his left knee-joint, above the patella. This occurred before six in the morning. It was bound up by his friends. He was conveyed some miles in a cart, and then twenty-five miles by rail, and admitted into hospital at 9:30.

A wound, four inches in length, was found extending from the inner and upper edge of the patella upwards and downwards. The tendon of the quadriceps extensor was divided, and the knee joint opened into by a hole which admitted the finger.

The house-surgeon sponged out the wound and the upper portion of the joint with a solution of carbolic acid in five parts of boiled linseed oil, stitched up the wound, and applied the usual carbolic acid protective dressing. A Gooch splint was put on behind the joint, and fastened by a figure-of-eight bandage; the limb laid upon an inclined plane, and ice applied over all. Vesp. pulse 68.—Was ordered m. 30 of sol. mur. morphine.

11th. No pain; ice continued; pulse 68.

18th. Still quite well; wound healed, but knee slightly swollen; pulse 68.

20th. Still perfectly well; pulse 64; stitches taken out to-day.

30th. Swelling completely gone.

2d. September.—Patient can flex and extend the joint nearly as well as ever.

13th. Dismissed cured.

2. J. A., at 13, was working in a factory in Leith Walk on 2d of April. He was holding a piece of wood below a steam-hammer, when a portion of the wood flew out and struck him on the right knee-joint. It inflicted a skin wound between two and a-half and three inches in length, which exposed the ligamentum patellae without dividing it, and, running right across the front of the joint, opened it into its inner side. Considerable venous oozing existed.

The wound and the exposed parts of the joint were carefully washed out by Dr. Lawrie with a watery solution of carbolic acid (strength 1-40), then stitched up with catgut threads soaked in carbolic oil, and then dressed with a layer of the strong plaster (1-3), covered by oil silk.

3d April.—Slight oozing of bloody serum; no putrefaction.

4th. This has much diminished; Gooch splint put on behind.

5th. There is now no discharge.

6th. The dressing is merely tinged with yellowish serum.

7th. To day the limb was not disturbed. There is no pain; no fever. The boy's pulse, which was 80 on admission, has never risen above 84. His tongue is clean, and there has been no fever.

Wound is now (April 15) almost healed. There has been no inflammation of the joint, nor any suppuration.

#### Carbolised Oil in Paracentesis Thoracis.

HENRY BANKS SPENCER, M. D., writes to the *British Medical Journal*:

I have been able to meet with but one or two recorded cases of the use of carbolic acid to prevent decomposition of the fluid in the pleura after paracentesis. Having recently had a case under my care in which it was of the greatest service, I have ventured to send a very short account of it. The patient was a little girl nine years old, and the whole left pleura was full of some fluid—pus, as I believed. Having seen the case in conjunction with Dr. Tuckwell, and determined upon operating, I made an exploratory puncture with a grooved needle dipped in carbolised oil (one part of acid to four of oil), on August 30th, 1868. This having demonstrated the presence of pus, a hydrocele trocar, dipped in carbolised oil, was thrust into the side of the chest, between the fifth and sixth ribs. About a pint of pus

escaped under a large fold of lint, also steeped in the carbolised oil. The canula was, for a few hours, left in; and the wound was carefully covered by the carbolised lint, which latter the friends of the patient were desired to keep well soaked with the carbolised oil without ever removing it. The canula was soon the cause of considerable discomfort and was removed, the lint being still carefully kept over the wound. The discharge ceased in a few hours, and pus soon began to accumulate within; so much so, that it was necessary to operate again on September 1st. This time, a scalpel, dipped in the carbolised oil, was used, and the operation was done under the protection of the carbolic curtain, a pint and a half of pus flowing at once from the wound. A piece of flexible catheter, also, of course, carbolised, was now, at Dr. Tuckwell's suggestion, tied in and through it; the pus flowed for about a fortnight, when the catheter was removed. The wound was then simply protected with the oiled lint, under which pus continued to flow more or less till about the middle of October. During the whole of this time there was not the slightest fetidity of the pus—it being on the last day of discharge as inodorous as on the first; and all the trouble and annoyance to the child of repeated antiseptic injections were spared. No case of the kind could have proceeded better; as, from the date of the second operation, the child, without a bad symptom of any kind, steadily progressed towards recovery, and is now, (March 6th) in her usual good health.

#### The Profession in England—Doctors have a Hard Time in the Mother Country.

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**CASE I.—Chronic Disease of Right Tympanum, ascribed to a blow in childhood; repeated formation of polypus; death, with symptoms of extension of disease to the brain.**

W. L., set 35, of healthy constitution but intemperate habits, consulted me on December 5th, 1864. Had been subject to attacks of severe pain and distress with discharge in the right ear since the age of eleven. The cause he believed to have been frequent boxing of the ears. Until three or four weeks ago the left ear had been fairly good; but at that time pain came on in it more severe than ever it had been in the right. Four years, and again two years previously, he had consulted Mr. Toynbee, who said there was a polypus in the right ear.

Since the affection which proved fatal arose in connection with the right ear, I may merely say, respecting the left, that a fibro-cellular polypus developed itself at the root of the meatus, close to the membrane, which was thick but not perforated. Repeated inflation of the ear improved the hearing, the polypus was removed, and a lotion of Tinct. Iodin. (M. XX— $\frac{3}{4}$  i) employed, followed by astringents. Alum was applied to the throat and tonics given. The growth entirely disappeared, and the membrane became natural; but the meatus remained prone to become irritable at times, and to secrete an excess of epidermis. Otherwise, the condition of the left ear continued satisfactory, with the exception of

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The right membrana tympania was white, concave, and of a rigid look. There was a slight discharge from the meatus. A loud voice only heard. On blowing air into the nostril, while the patient swallowed, it entered the tympanum with a loud click, and the hearing greatly improved. (Watch, six inches.) Throat red and tumid, tonsils swollen.

Gargle of alum and ginger. Ung. Hydr. and pot. iod. around the ears.

The tympanum was again inflated, with slight improvement on the 6th and 8th, after which he was himself able to force in air. M. T. of a slight pinkish hue and less concave. A little discharge continued. The tuning fork placed on the head was heard pretty well; closing the meatus increased the sound. After a Tukish bath on the 10th, the hearing was worse again, and there was some resistance to the inflation of the tympanum, which was also less effective than before. On the 14th, after a crack in the ear, the hearing improved for a time. On the 16th the Eustachian catheter was passed; the air entered with a dry, rough sound, improving the hearing to five inches. The patient now went to Normandy. In June, after an offensive discharge for about a month, for which a lotion of permanganate of potash was used, a firm, fleshy mass, about the size of a pea, was syringed from the right ear. The discharge ceased for a month, and then soon disappeared again, under treatment by mineral acids and purgatives, and a lotion of chlorate of potash and opium.

After six months (Feb. 28, 1866) I again saw the patient. The ear had been quite well and the hearing good ("almost too good," he said), until about 14 days. Then, without apparent cause, the left ear began to discharge, and the hearing on both sides became dull. Watch, each side, contact. In each meatus, at the internal part, there was some hypertrophy of the bony walls. The right membrane presented a pale red surface, of irregular aspect, in which the malleus could scarcely be distinguished. (Congestion and swelling, apparently, of the dermoid layer.) Inflation raised the hearing to six inches. After a month the hearing continued good; no discharge; the membrane had a dry, flat appearance, Eustachian tube pervious.

Shortly after he had a severe attack of delirium tremens; after which by his wife's account he became quite temperate in his habits. He continued, however, to smoke about twelve cigars a day. I did not see him again for upward of two years, June 6th, 1868. The left ear was then fairly well, but he had had a little pain in the right at times. I found a fat, fleshy growth filling the bottom of the meatus, and a little pus escaped when the probe was introduced beneath it. It was touched with tinc. chlor. Air introduced by the Eustachian catheter passed

13th. Still quite well; wound healed, but knee slightly swollen; pulse 68.

20th. Still perfectly well; pulse 64; stitches taken out to-day.

30th. Swelling completely gone.

2d. September.—Patient can flex and extend the joint nearly as well as ever.

13th. Dismissed cured.

2. J. A., st. 13, was working in a factory in Leith Walk on 2d of April. He was holding a piece of wood below a steam-hammer, when a portion of the wood flew out and struck him on the right knee-joint. It inflicted a skin wound between two and a-half and three inches in length, which exposed the ligamentum patellae without dividing it, and, running right across the front of the joint, opened it on its inner side. Considerable venous oozing existed.

The wound and the exposed parts of the joint were carefully washed out by Dr. Lawrie with a watery solution of carbolic acid (strength 1-40), then stitched up with catgut threads soaked in carbolic oil, and then dressed with a layer of the strong plaster (1-8), covered by oil silk.

3d April.—Slight oozing of bloody serum; no putrification.

4th. This has much diminished; Gooch splint put on behind.

5th. There is now no discharge.

6th. The dressing is merely tinged with yellowish serum.

7th. To day the limb was not disturbed. There is no pain; no fever. The boy's pulse, which was 80 on admission, has never risen above 84. His tongue is clean, and there has been no fever.

Wound is now (April 15) almost healed. There has been no inflammation of the joint, nor any suppuration.

**Carbolised Oil in Paracentesis Thoracis.**  
HENRY BANKS SPENCER, M. D., writes to the  
*British Medical Journal*:

I have been able to meet with but one or two recorded cases of the use of carbolic acid to prevent decomposition of the fluid in the pleura after paracentesis. Having recently had a case under my care in which it was of the greatest service, I have ventured to send a very short account of it. The patient was a little girl nine years old, and the whole left pleura was full of some fluid—pus, as I believed. Having seen the case in conjunction with Dr. Tuckwell, and determined upon operating, I made an exploratory puncture with a grooved needle dipped in carbolised oil (one part of acid to four of oil), on August 30th, 1868. This having demonstrated the presence of pus, a hydrocele trocar, dipped in carbolised oil, was thrust into the side of the chest, between the fifth and sixth ribs. About a pint of pus

escaped under a large fold of lint, also steeped in the carbolised oil. The canula was, for a few hours, left in; and the wound was carefully covered by the carbolised lint, which latter the friends of the patient were desired to keep well soaked with the carbolised oil without ever removing it. The canula was soon the cause of considerable discomfort and was removed, the lint being still carefully kept over the wound. The discharge ceased in a few hours, and pus soon began to accumulate within; so much so, that it was necessary to operate again on September 1st. This time, a scalpel, dipped in the carbolised oil, was used, and the operation was done under the protection of the carbolic curtain, a pint and a half of pus flowing at once from the wound. A piece of flexible catheter, also, of course, carbolised, was now, at Dr. Tuckwell's suggestion, tied in and through it; the pus flowed for about a fortnight, when the catheter was removed. The wound was then simply protected with the oiled lint, under which pus continued to flow more or less till about the middle of October. During the whole of this time there was not the slightest fetidity of the pus—it being on the last day of discharge as inodorous as on the first; and all the trouble and annoyance to the child of repeated antiseptic injections were spared. No case of the kind could have proceeded better; as, from the date of the second operation, the child, without a bad symptom of any kind, steadily progressed towards recovery, and is now, (March 6th) in her usual good health.

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but not freely, through the membrane. Accordingly a few drops of a solution of pot. bicarb. (gr. vj— $\frac{3}{4}$ i) were syringed through the catheter with the view of facilitating the escape of matter. Lig. plumbi  $\frac{3}{4}$ i aq.  $\frac{3}{4}$ i to be applied warm to the right ear; powdered alum mixed with sugar to be blown into the fauces by means of a curved tube. I had from the first warned the patient's friends, that with his habits the disease of the ear might at any time become of a serious character, but at this time I detected no specially threatening symptom. He did not remain under my care, and the next information I received was that he had died ten weeks later (August 12th). On July 2d, he went to Dunkirk, still suffering from occasional pain in the ear, but seeming, in his wife's opinion, no way worse. At the end of the month (about three weeks before his death), he was exposed to a very hot sun, and complained of great pain in the head. He had looked ill a few days before, and had suffered increased pain in the ear after going into the sun or after smoking, but had never before spoken of pain in the head. He was at first treated for brain fever; leeches were afterward applied to the ear. No swelling over the mastoid process or elsewhere was observed by his wife. About three days before his death the discharge from the ear entirely ceased, and for the last two hours matter ran from the right nostril. He was not convulsed nor paralyzed. No post mortem was made.

**CASE II.—Inflammation of Tympanum, with formation of Polypi following scarlatina at twelve, and continuing forty years; frequent severe pains in the head, removal of Polypus and retained secretion; entire relief.**

W. I. B., st. 52, a healthy man, consulted me on 26th March, 1867. Ever since scar atina at the age of twelve, had been subject to occasional discharge from both ears, with deafness, generally not severe, but at times much aggravated. In the left side there was a constant sense of discomfort, and the attacks of discharge were generally attended with pain in the ear and at the back of the head, which had lately become more severe. He could sometimes pass air through each tympanum. No tinnitus. A polypus had been long discovered in the left ear, but his medical attendant had declined to remove it, fearing lest irritation of the brain should ensue. On right side, watch heard on contact; left, a loud crack of the nail at three inches.

Right, M. T. red at the upper part; inferiorly it seemed thinned in patches, and a little below the center was a small orifice, about half a line in diameter. No discharge. Passing air through the Eustachian tube improved the hearing slightly. The left meatus was filled with a polypoid mass, which on examination appeared to consist of five, more or less, distinct growths. Of these, four were removed; one, which protruded nearly to the orifice

was of a bright red color, and had its origin from the floor of the meatus; and three others, of smaller size, which evidently grew from the internal wall of the tympanum. There was a fifth, but this was not touched. After the removal of the growths, a dirty white surface was exposed. This consisted of masses of inspissated discharge, several of which were removed by the syringe, aided by inflation of the ear—air passing very freely through the Eustachian tube. In fact, the tympanic cavity appeared to have been filled with this kind of matter. After its removal, the watch was heard at half an inch. A blister was applied behind the ear, and the exposed surface of the tympanum was cleansed and dried and dressed daily, for a week, with powdered talc to which a little morphia had been added. It rapidly assumed a dry and healthy appearance and the remaining polypus shriveled up. Immediately after the removal of the polypi the irritation abated; it soon ceased entirely and has not returned. The hearing continues (after 18 months) fairly good; the Eustachian tube is freely pervious, and the exposed surface, though tumid and of dark red color, is entirely free from discharge or tenderness. No vestige of membrane or ossicula is visible. Soon after the removal of the polypi from the left ear the right ear took on a slight attack of inflammation, and was for some days very tender and painful, the meatus being swollen and the Eustachian tube closed. This attack soon abated, and by the aid of lotions of sulphate of zinc, or borax, and opium, with alum to the throat, the hearing has improved, but the left has been the better ear.

#### Experimental Studies in Regard to Burns and Scalds Made Upon the Dog.

A German pamphlet by Dr. G. Wertheim is reviewed in the *Edinburgh Medical Journal*, which contains the results obtained by burning and scalding about thirty dogs in regard to,—1st, The local temperature produced by burning certain substances upon the surface of the body; 2d, The manner in which this local increase of temperature extends over neighboring parts, and the mode in which this increased temperature dies off; 3d, The histological alterations produced locally and generally by burns and scalds. Medium-sized dogs alone were made use of. Some of these were narcotized by the injection of half a drachm of tincture of opium into the crural vein, the others by chloroform inhalations. The latter method was employed when the blood was to be examined, the former in all other cases. The burns were produced by sponging the chest and bellies of the dogs with oil of turpentine, five or ten times in quick succession, setting fire to it each time; the scalds, by pouring over similar parts eight ounces of boiling water nine times in quick succession.

The results obtained were,—1st, All the dogs died, either in a few hours or at the latest after five days.

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2d, Excision of a portion of skin, corresponding in position and extent to that burned, had no injurious effect on three dogs on which it was performed. For the first few days the wound was covered with sponge, no attention was subsequently paid them, and the wounds healed most kindly. 3d, In three cases the burned portion of skin was excised, two, five, and fourteen hours after the burning. All the three dogs died twenty-four hours after the burning. This experiment was made before the author became aware of certain alterations in the blood, subsequently ascertained to be the result of combustion. 4th, The original temperature of the bodies of the animals having been ascertained by a thermometer, inserted into the cellular tissue beneath the skin, to be about 95 degrees, F., it was found to rise, in consequence of repeated acts of combustion, in one case to 129.2 degrees, F., in a second to 147.2 degrees, F., in a third to 163.4 degrees, F., and in a fourth (a case of scalding) to 132.8 degrees, F. These considerable differences depend entirely on the amount of combustible material employed. The experiments themselves show that each new application, when made while the increased temperature already produced still lasted, was always followed by a fresh increase.

About two inches distant from the burned spot, the temperature of the animal continued normal throughout the whole experiment. 5th, The histological alterations found on the burned patches were,—carbonization of the horny and partly of the Malpighian layer of the cuticle; integrity of the papillæ, with this exception that along the capillaries and in their cellular sheaths there were numerous deposits of melanine in molecules and flocculi; in scalds there was separation in ragged patches of the horny portions of the epidermis, the other appearances being similar to those observed in burns. 6th, When burns or scalds were produced on the dead bodies of animals, the alterations of the cuticle were similar to those described, but the copious deposit of melanine was constantly absent, only trifling traces of that body being found in such cases. 7th, In all cases of death from burns or scalds there were constantly observed in the kidneys that form of degeneration known by the term acute desquamative nephritis, and which our author regards as representing in these cases "a progressive" stage of Bright's disease. After severe burns, etc., blood, or crystals of hemine, were also found accumulated in the Malpighian bodies, the convoluted and straight tubes. 8th, In one case a copious deposit of blood-crystals was found in the capillaries of the arachnoid. 9th, The most important result of burning is a constant anatomical alteration of the blood, consisting in the formation of numerous corpuscles, ranging in size from  $0.004^{\text{m.m.}}$  or  $0.001^{\text{m.m.}}$  down to small molecules which, in colour and in optical and chemical relations, perfectly agree with the red corpuscles

from which they are derived, separating from them in consequence of the heat to which they have been exposed. 10th, The narcosis was produced by the injection of tincture of opium into the crural vein, when the alterations in the organs of the animal were being investigated.

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Reviews and Book Notices.

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**Descriptive Catalogue of the Pathological Museum of the Pennsylvania Hospital.** By WILLIAM PEPPER, M. D. Philadelphia, 1869. 1 vol., cloth, pp. 125. Published by the Board of Managers. For sale by Lindsay & Blakiston. Price, \$1.50.

This catalogue is based upon one written by Dr. MORTON, but is so much extended and improved that it may be regarded as a new work. There are about 1800 specimens in the museum of the hospital, many of them of very great interest, and highly instructive. Only the more valuable are described. The descriptions usually occupy from half a dozen to a dozen lines, and are clear and pointed. Statistics of the case from which each is taken, are often appended. Such a work will, no doubt, be most favorably received by pathologists.

**Proceedings of the State Medical Society of Kentucky, Fourteenth Annual Meeting.** Louisville, Ky., 1869. 1 vol., pp. 111.

This report embraces the minutes of the meeting, the President's Address, an article by Dr. T. E. Jenkins, on the Exhibition Universelle, reports on ethics, vaccination, the indigenous botany of Kentucky, on obstetrics, and on pharmacy. Dr. G. W. Bayless adds a surgical paper on five cases of bone disease from common causes, with the results of operative procedures. The reports on pharmacy, by Dr. Jenkins, and that of the botany of Kentucky are very satisfactory. We do not doubt that they will be thoroughly appreciated.

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**The Italian War of 1859.**

The medical and surgical history of the Italian campaign of 1859, has just been completed by Dr. Chenu, the well-known author of the large statistical work on the French Army during the Eastern campaign of 1854-56. This new work on the Italian campaign is the result of several years' incessant labor. It is published in two thick quarto volumes, and is accompanied by an atlas. The first copy of the work issued was presented, on Sunday last, to the Emperor Napoleon, by Baron Larrey, who was Surgeon-in-Chief of the French army in the war of 1859, and who is now at the head of the Army Medical Service in France.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 7, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds.

*MS* Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

*MS* To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

### TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for PAYMENT IN ADVANCE.*

As we are about to reduce our stock of odd back numbers of the REPORTER, in order to make room, it is desirable that all who wish to complete their files should notify us by the 10th of August. Bills will be sent with the numbers ordered,

We can still supply a few complete sets or volumes from the commencement, bound or unbound. They should be applied for soon, as they will soon be exhausted.

### DEGREES, HONORARY AND WITHOUT HONOR.

We have recently learned how "Collegiate Agencies" are conducted. It is a dodge that illustrates so well the side-shows by which one-horse medical colleges make both ends meet, that it is worth while to disclose the procedures. It is well known that in several States laws have been passed by which no person is allowed to practice medicine unless he has a diploma conferring upon him the title of M. D. This piece of sheepskin engrossed with his name in German text and either in inferior Latin or inflated English is *prima facie* evidence that he is fully competent to wield all the weapons of the physician's armamentarium against diseases.

Who of the laity would dare question his skill when he can point to this venerated document (usually hanging conspicuously in a gilt frame on his office wall)? Who can doubt the depth of his knowledge when he can point triumphantly to this silent yet eloquent witness? Still more, who can summon him before the squire for practicing without a diploma, when this document is ever in full view?

But as many a hospital steward after the war set himself up as doctor, and as many another without one quarter the practical skill of a good hospital steward, claims on a strip of tin under his windows the title of M.D., it became quite necessary to have some simple, cheap, and easy way of providing such gentlemen with diplomas. Of course they could not be expected to attend lectures, and still less to pass an examination except in form, so the object was to provide them with this certificate of studies commenced and completed without any study being required.

Here the excellent idea of "honorary degrees" comes in. Any half dozen medical men can form a college, print a lot of circulars, and announce their intention to instruct youth, give *ad eundem* tickets, and confer honorary degrees.

The collegiate agent is the go-between. The buyer of the diploma appeals to him, sends certain papers attesting his own moral and professional character, how long he has been in practice, what and where he studied, adds a recommendation signed by several doctors of the same stripe as himself, and encloses say \$50.00. The agent pockets 25 of this, and remits the balance to the faculty of the college with the papers of the applicant, adding such confirmatory matter respecting said applicant's fitness as he can think of, sometimes, for instance, that he has examined the would-be M. D. and finds him surprisingly intelligent, profoundly read, and singularly skilful.

The faculty are incontinently convinced by such an array of testimony from a disinterested source—not to speak of the greenbacks—and feel that here is a meritorious case where they must at once issue an honorary degree, which may or may not be spread on the records of the college. They do so, and our friend the quondam hospital steward, and pretended doctor, blooms forth with a security and a confidence which puts to shame all his neighbors.

Now there is nothing in all this which is "immoral, that is to say illegal," as Mr.

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Wholes says in Dickens' novel. But as it is notoriously common, and in every way discreditable to all concerned, it is time that it be thoroughly ventilated and stopped, otherwise a diploma of Doctor of Medicine will become as worthless as a Continental shin-plaster.

INDIANA MEDICAL COLLEGE.

We have received the first annual Announcement of this institution. It is located at Indianapolis, Indiana. The circular states that the faculty have received the unanimous recommendation of the Indiana State Medical Society. They consist of Dr. J. S. Bobbs, Pres. and Prof. of Surgery, Dr. G. W. Mears, Prof. of Obstetrics, Dr. R. T. Brown, Chemistry, Dr. E. N. Todd, Practice of Med., Dr. Waterman, Surgical Anatomy, Dr. Cominger, Surgical Pathology; Dr. T. B. Harvey, Diseases of Women and Children, Dr. W. B. Fletcher, Physiology, Dr. D. Clark, *Materia Medica*.

We regret that in the matter of fees they have adopted such low figures, as in medical education we have the same fears of the union of the "cheap and nasty" that THOMAS CARLYLE expresses in regard to most things. We hope the faculty will make their examinations rigid, and their standard high.

THE CHIEF OF THE BUREAU OF MEDICINE AND SURGERY, U. S. N.

The Baltimore papers comment with natural satisfaction upon the selection of one of their citizens for a Naval Bureau.

"Dr. William Maxwell Wood, who has just been appointed Chief of the Bureau of Medicine and Surgery in the Navy, is a native of Maryland, who entered the Navy as Assistant Surgeon, in 1829, and has therefore been in service 40 years. He has been Fleet Surgeon of three squadrons—the Pacific, East India, and North Atlantic. He participated in the capture of the Barrier Forts on the Canton River, and was in the action between the Merrimac and Minnesota, during the late civil war.

"Dr. Wood is the author of a work on 'Polynesia and South America,' 'A Shoulder to the Wheel of Progress,' a collection of literary essays, and 'Fankwei, A visit to India, China, and Japan.'

Those of our readers who are familiar with the incidents of the Mexican war, will be pleased to see in the selection of Dr. Wood for the Naval Medical Bureau, a recognition of his valuable and unrewarded services at the beginning of that war. It is a compliment which might have been sooner offered to this

able and patriotic officer, of the result of whose volunteered expedition through Mexico, Commodore Sloat wrote :

"I am most happy to acknowledge the very important services you rendered the Government, and the squadron in the Pacific, under my command, at the breaking out of the Mexican War. The information you furnished me at Mazatlan, from Guadalaxara (at the risk of your life), was the only reliable information I received of that event, and which induced me to proceed immediately to California, and upon my own responsibility to take possession of that country.

"I have always considered the performance of your journey through Mexico at that time, as an extraordinary feat, requiring great presence of mind and address. How you escaped from the heart of an enemy's country and such a people, has always been a wonder to me, and has been so characterized on all occasions.

Very truly your friend,

JNO. D. SLOAT, Commodore."

The Chairman of the Naval Committee of the Senate commented on his valuable services as follows :

"Every intelligent mind must at once appreciate the importance of the service which you have rendered the country, and your personal hazard in traveling through the heart of the enemy's country, communicating with your military superior, and furnishing him with the sole and otherwise unattainable information, upon which he based the acquisition of California.

"The importance of this acquisition can best be estimated, by asking ourselves what would have been our national position in the Pacific and upon our Oregon frontier, had Great Britain, instead of ourselves, acquired permanent possession of it? I have always contended that its acquisition constitutes one of the navy's strongest claims upon the gratitude of the nation, and this chapter in its history, furnished by your own service, but strengthens this conviction. But how are you to be rewarded for it? That is the question. Swords and brevets are scattered without number before many who rendered far less service. I cannot, at this moment, make any distinct suggestion to you how to obtain, that to which I deem you honorably entitled, a national recognition by some substantial token of your valuable services; but I promise you my aid in the attainment of such recognition."

— PROFESSOR BRUNETTI, the celebrated anatomist, of Padua, has been decorated with the orders of St. Anne of Russia, and St. Gregory the Great of Rome. This last honor, says *L'Imparziale*, has been conferred on him as a consequence of the illustrious astronomer, Father Secchi, having shown to the Pope some of his (Brunetti's) anatomical preparations illustrative of his researches on the means of preserving animal structures.

## Notes and Comments.

## Alumni Meeting at Yale College.

The *College Courant*, a capital college paper at Yale College, New Haven, Conn., gives in the number for July 31st, an obituary record reported at the recent alumni meeting. The names of the following physicians appear on the list of the alumni of the academic department.

| Class, Name and Age, Place and Time of Death.                      |
|--|
| 1804, Dr. Chas. H. Wetmore, 85, Columbus, O., Oct. 10, 1868.       |
| 1805, Dr. Earl Swift, 85, Mansfield, Conn., June 14, 1869.         |
| 1807, Dr. Alex H. Stevens, 79, New York City, March 30, 1869.      |
| 1825, Dr. N. B. Ives, 63, New Haven, Conn., June 18, 1868.         |
| 1825, Dr. Jno. B. McDowell, 63, St. Louis, Mo., July 8, 1868.      |
| 1831, Dr. S. C. Huston, 56, Philadelphia, Feb. 9, 1867.            |
| 1846, Dr. Samuel Robbins, 46, Canandaigua, N. Y., Sept. 3, 1868.   |
| 1852, Dr. Franklin Grube, 38, Jacksonville, Oregon, June 11, 1869. |

## OF THE MEDICAL DEPARTMENT.

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| 1816, Josiah Bower, 77, Billerica, Mass., Nov. 1868.             |
| 1819, Thomas R. Bouteille, 74, Fitchburg, Mass., July 13, 1869.  |
| 1825, Charles M. Faya, 68, Charlestown, Mass., Dec. 18, 1868.    |
| 1825, Guy R. Phelps, 67, Hartford, Conn., March 18, 1869.        |
| 1826, David S. Dodge, —, New York City, May 23, 1869.            |
| 1826, Edward W. Greene, 65, Bristol, R. I., May 12, 1869.        |
| 1829, Elias F. Maynard, —, Jacksonville, Fla., May 28, 1862.     |
| 1832, Christopher C. Hoagland, Des Moines, Iowa, March 19, 1868. |
| 1832, David Pritchard, 58, South Norwalk, Conn., Oct. 30, 1868.  |
| 1832, John S. Moody, 40, Norwalk, Conn., Sept. 16, 1868.         |

The whole number of deaths reported this year is 76 and the average age of the Academical graduates is 68½ years.

## Paste.

The following is a recipe for making common paste, which will keep for a long time without fermentation :

Dissolve an ounce of alum in a quart of water warmed; when cold add as much flour as will give it the consistence of cream; then strew into it as much powdered rosin as will lie on a shilling and two or three cloves, ground. It will keep for a year, and when dry may be softened with water.

A Monument to Victims of Cholera.  
The British Medical Journal says:

On May 23d, a stone was placed in the public cemetery of Anona, in memory of eleven medical men who died during three epidemics of cholera which prevailed in that city in the years 1836, 1855, and 1865. Their names were Giuseppe Lorenzin, Domenico Giacobbecci, Flaminio Bennazzi, Alfonso Agostini, Gaetano Persichetti, Albino Bonetti, Luigi Pieverzoli, Cesare Pulloni, Eugenio Tucoli, Giovanni Corbisier, and Ercole Stefanini. The ceremony was attended by representatives of the Italian Medical Association, of the Florentine Medical Committee, and of the medical men who came from

Florence to render assistance during the cholera epidemic in Anona in 1865. *L'Imparziale*, from which we quote, adds that, while recording with praise that this commemorative record originated with the medical profession, it must lament that the monument was not raised by others, from whom an expression of gratitude might have been expected.

## Correspondence.

## DOMESTIC.

## A Singular Case in Obstetrics.

## EDITORS MEDICAL AND SURGICAL REPORTER:

The history of the following interesting case recently occurred in my practice, which I herewith forward to you for insertion in your valuable journal:

On the morning of the 16th inst., the husband of Mrs. J. D. came to me, stating that his wife was in labor, and desired me to attend her. As the distance was about four miles in the country, when I arrived the child had been born about a half hour. Shortly after my arrival, I made an examination of the child, and its appearance was that of about an eight months' fetus. It was a female, small, well-formed, but otherwise healthy in appearance. Thus far there is nothing singular or peculiar in the case. In the middle of February, of the present year, I was sent for to attend the same woman, who was then supposed to have had a miscarriage, or about to have, and, if it was not an abortion, it was next thing to it.

When I arrived, at that time, the woman was in bed, and had had pretty severe pain. While I was there, which was about half an hour, she had two or three pretty severe labor or after pains. She had lost a large quantity of blood and water, for I examined the clothing which the woman had on, and they were as much soiled as a great many women's with whom I have been when they were in labor at full time. I made a per vaginam examination at the time, but it was not satisfactory. The woman supposed she was about two months and a half pregnant. As time was more valuable then than it is at other with me, and as she did not have any alarming or unnatural hemorrhage, I left directions what should be done, and requested them to send for me if anything unusual or alarming occurred. I never saw the woman again until the date of the confinement. I then learned that she got up the next day and performed her own work. The accident was brought about through fear or excitement, and riding over a rough road, as she had ridden about four miles over frozen ground to give evidence at court as a witness.

The above case presents two queries, which, however, I do not propose to answer or discuss.

1st. Was the woman pregnant with twins, one of which was aborted and the other retained, which was born on the 16th inst.? or, secondly, could the child,

or ovum, remain in utero and mature after the rupture of the sac (for I believe the sac to have been ruptured) and effusion of blood and water?

In Cazeaux, Midwifery, page 333, the opinion is given that "a rupture of the ovum must inevitably give rise to abortion." This woman, I thought, had certainly miscarried, and I was very much surprised when called on to attend her in labor, and much more surprised to find a child born, living and doing well, as also the mother, when I arrived.

I report the above case, as it is the only case of the kind that ever occurred in my practice. I have attended many cases of abortion, and some of them, I assure you, with no little trouble. I have seen several in which there was quite a profuse hemorrhage, and yet the ovum remain and mature, but I never met with a case, before this one, in which there was a loss of blood and water, and yet the ovum remain and develop.

S. M. SNYDER, M. D.

DANVILLE, Pa., July 20, 1869.

#### Extra Uterine Pregnancy.

EDITORS MEDICAL AND SURGICAL REPORTER:

I have no disposition to occupy much place in your valuable REPORTER with a controversy between Dr. PALMER and myself, which probably interests no one but ourselves, and which may crowd other and more valuable reading matter out of your columns. But let not your and Dr. P.'s anger be hot against me, and I will write but this once more.

In the last correspondence Dr. P. says: "I did not assume anything," meaning himself. What I controverted was his *statement*, viz: "In no case, except the case I have reported, has the pregnancy extended beyond four-and-a-half months."

The Dr. obliges himself to me for referring him to two cases, and says, "we were already in possession of such information." As the Dr. ignores, or does not comprehend the bearing of these cases, on our controversy, I find I must place him under renewed obligations by explaining my object in referring to them. In the one case the fetus was 22 inches long, the other, the author says, was "as large as an ordinary one at full term." These fetuses were fully developed, and the time of their development must necessarily have embraced the *full period of gestation*. Notwithstanding the Dr.'s declaration that "in no case (except the one I have reported), has pregnancy extended beyond four-and-a-half months. R.P. No. 639, page 417." This was the *pregnancy* point which I attacked.

The Dr. in his last correspondence appears to emphasize the *seventeen days* beyond full term, and adds, "this then is a remarkable and *exceptional case*." These are his words: "The product of conception continued to develop in its special sac, living and healthy until within two days of the mother's death, which occurred seventeen days after full term." Taking into consideration the vague term,

"she became pregnant about the 12th of October, 1867," that "the catamenia returned regularly," and that Dr. P. saw the case for the first time over six months after October 12, leaves questionable the exact time of conception, and consequently the *seventeen days beyond full term*.

Granting, however, that the Dr. knew the precise time of conception, there remains a reasonable doubt in my mind, as to the Dr.'s *certainty* of the child being alive within two days of the mother's death, when he did know whether the child was in or out of the womb.

The Dr.'s conclusion that his is an *exceptional case*, because the foetus lived fifteen days after full term, is therefore based upon exceedingly doubtful premises.

The other position taken by Dr. P., that "in no case has pregnancy extended beyond four-and-a-half months," (excepting his case), is already refuted by the authorities quoted.

P. J. ROEBUCK.

Lititz, Pa., July 12, 1869.

#### Treatment of Chronic Ulcers.

EDITORS MED. AND SURG. REPORTER:

Mr. W., aged 47 years, was afflicted eighteen years ago with psoriasis. After he recovered, there was a small pimple below the Patella, which was cauterized by Dr. E., which was the supposed cause of the ulcer; Mr. W. consulted different physicians to try a cure, but none seemed to do him any good. The part was very much swollen, with great pain and the most intense itching I ever saw; he had no desire for any kind of food, was much emaciated, and had little sleep. Opiates did not produce any effect. I was called to see him, shortly after I arrived here from South Carolina. Ordered Oss. expressed juice of Passiflora Incarnata, to be mixed with 3*iv*. Ol. jec. ascelli, and applied thrice daily; used hypodermic syringe; injected one-third gr. sulph. morph. to allay the pain. I saw the case three days afterwards, and never imagined any medicine could act so well. As soon as he saw me he said, "I shall get well." I continued the treatment, and, six weeks from the first application, Mr. W. was perfectly cured. I have used the application in three other cases of ulcers, and with perfect success. I have been as brief as possible. Wishing you and your much esteemed Journal great success, I remain

Yours truly,

JAS. B. MOBLEY, M. D.

P. S.—Since writing the above, I was called to see a little boy, aged eight years, bitten by a rattlesnake, and I must say he certainly would have died, had it not been for your valuable POCKET RECORD. Used your antidote, bisulphate of soda. The little fellow is now perfectly well. I would here beg all my medical brethren, if they have not purchased one of your POCKET RECORDS, to do so immediately, for it is the best record, in cases of emergency, I ever saw.

J. B. M.

Hernando, Miss.

